

**COMMONWEALTH OF KENTUCKY**  
**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.

STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.

STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.  
**WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!**

STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$15.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-7. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.

STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.

STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.

STEP 7. Under KRS 164.772 Ky. State ABC may deny a license to defaulted student loan borrowers of a Kentucky Higher Education Loan. Therefore, complete the attached Self-Certification Compliance Form enclosed in this packet and return it with your State ABC application.

STEP 8. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.

STEP 9. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.

STEP 10. Take your application to your local ABC administrator and obtain their signature of approval on your state application.  
**(LOCAL LICENSING):** There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the Local office pending approval the longer it will take the state to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at <http://abc.ky.gov/>

**(TIME)** New licenses take the State Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our Office or visit our web site.**

<http://abc.ky.gov>

**FRANKFORT:** Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**NOTE:** You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**). You must contact their office to obtain an application form and information about your federal permit: Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334  
National Revenue Center  
550 Main St., Cincinnati, Ohio 45202-3263

**HOW TO FIGURE STATE ABC LICENSE FEE (\$)**

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ( ) Full Year Fee ( ) Half Year Fee
4. Go to the back page of your application **“Schedule”** and find the exact dollar (\$) amount to pay.

**All other applicants use this table**

<b>COUNTY WHERE PREMISES ARE LOCATED</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
Anderson	July – December	January – June
Bell	June – November	December – May
Barren	May – October	November – April
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June – November	December – May
Bracken	July – December	January – June
Barren	May – October	November – April
Bullitt	February – July	August – January
Caldwell	April – September	October – March
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October – March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Grant	December – May	June – November
Graves	April – September	October – March
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Knox	June – November	December – May
Laurel	June – November	December – May
Letcher	June – November	December – May
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Marshall	April – September	October – March
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Mercer	May – October	November – April
Montgomery	June – November	December – May
Muhlenberg	May – October	November – April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Oldham	July – December	January – June
Owen	February – July	August – January
Pendleton	July – December	January – June
Perry	June – November	December – May
Pike	July – December	January – June
Pulaski	June – November	December – May
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Simpson	May – October	November – April
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November – April
Washington	May – October	November – April
Whitley	June – November	December – May
Wolfe	July – December	January – June
Woodford	July – December	January – June

**HOW TO FIGURE STATE ABC LICENSE FEE (\$)**

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay?           ( ) Full Year Fee           ( ) Half Year Fee
4. Go to the back page of your application “***Schedule***” and find the exact dollar (\$) amount to pay.

***Fayette County (Lexington Ky.) Applicants use this table***

<b><i>Fayette County Zip Code of Premises</i></b>	<b><i>PAY <u>FULL</u> YEAR FEE For licenses issued between</i></b>	<b><i>PAY <u>HALF</u> YEAR FEE For licenses issued between</i></b>
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

***Jefferson County (Louisville, Ky.) Applicants use this table***

<b><i>Jefferson County Zip code of Premises</i></b>	<b><i>PAY <u>FULL</u> YEAR FEE For licenses issued between</i></b>	<b><i>PAY <u>HALF</u> YEAR FEE For licenses issued between</i></b>
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	March – August	September – February
40253 to 40256	March – August	September – February
40257	June – November	December - May
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	March – August	September – February
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	March – August	September – February

**Kentucky ABC**

**How to obtain your state criminal history information**

**For Non-Kentucky Residents**

**Revised 08/17/05**

**Alabama** 334-353-1172 [www.dps.state.al.us/public/abi/cic.asp](http://www.dps.state.al.us/public/abi/cic.asp)

**Alaska** 907-269-5767 [www.dps.state.ak.us/statewide/background/index.asp](http://www.dps.state.ak.us/statewide/background/index.asp)

**Arizona** 602-223-2222 [www.azdps.gov/reports/fingerprint/faq/default.asp](http://www.azdps.gov/reports/fingerprint/faq/default.asp)

**Arkansas** 501-618-8500 [www.asp.state.ar.us/demo/criminal/help\\_p2.php#122](http://www.asp.state.ar.us/demo/criminal/help_p2.php#122)

**California** Please contact our office for information.

**Colorado** 303-239-4208 <https://www.cbirecordscheck.com>

**Connecticut** 860-685-8480 [www.state.ct.us/dps/spbi.htm](http://www.state.ct.us/dps/spbi.htm)

**Delaware** Please contact our office for information.

**Florida** 850-410-8109 [www.fdle.state.fl.us/CriminalHistory/](http://www.fdle.state.fl.us/CriminalHistory/)

**Georgia** 404-986-5000 [www.ganet.org/gbi/crimhist.html](http://www.ganet.org/gbi/crimhist.html)

**Hawaii** 808-587-3100 [www.hawaii.gov/hcjdc/form.htm](http://www.hawaii.gov/hcjdc/form.htm)

**Idaho** 208-884-7130 [www.isp.state.id.us/identification/crime\\_history/index.html](http://www.isp.state.id.us/identification/crime_history/index.html)

**Illinois** 815-740-5160 [www.isp.state.il.us/crime/uciahome.cfm](http://www.isp.state.il.us/crime/uciahome.cfm)

**Indiana** 317-233-2010 [www.in.gov/ai/hr/verification.html](http://www.in.gov/ai/hr/verification.html)

**Iowa** 515-281-4776 [www.state.ia.us/government/dps/dci/crimhist.htm](http://www.state.ia.us/government/dps/dci/crimhist.htm)

**Kansas** 785-296-6518 [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/)

**Louisiana** 225-925-6095 [www.lsp.org/who\\_support.html#criminal](http://www.lsp.org/who_support.html#criminal)

**Maine** 207-624-7240 [www.informe.org/PCR/](http://www.informe.org/PCR/)

**Maryland** 888-795-0011 [www.dpscs.state.md.us/publicservs/bgchecks.shtml](http://www.dpscs.state.md.us/publicservs/bgchecks.shtml)

**Massachusetts** 617-660-4600 <http://www.mass.gov/chsb/>

**Michigan** 517-322-1956 [www.michigan.gov/ichat](http://www.michigan.gov/ichat)

**Minnesota** 651-793-2400 [www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html](http://www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html)

**Mississippi** Please contact our office for information.

**Missouri** 573-526-6153 [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov)

**Montana** 406-444-3625 [www.doj.state.mt.us/enforcement/backgroundchecks.asp](http://www.doj.state.mt.us/enforcement/backgroundchecks.asp)

**Nebraska** 402-471-4545 [www.nsp.state.ne.us/findfile.asp?ID=209](http://www.nsp.state.ne.us/findfile.asp?ID=209)

**Nevada** 775-687-1600 [www.nvrepository.state.nv.us/](http://www.nvrepository.state.nv.us/)

**Kentucky ABC**

**How to obtain your state criminal history information**

**For Non-Kentucky Residents**

**Revised 08/17/05**

**New Hampshire** 603-271-2538 [www.state.nh.us/safety/nhsp/cr.html#criminal](http://www.state.nh.us/safety/nhsp/cr.html#criminal)

**New Jersey** 609-882-2000 ext 2918 [www.state.nj.us/lps/njsp/about/serv\\_chrc.html#background](http://www.state.nj.us/lps/njsp/about/serv_chrc.html#background)

**New Mexico** 505-827-9181 [www.dps.nm.org/faq/record\\_request.htm](http://www.dps.nm.org/faq/record_request.htm)

**New York** 518-485-7675 [www.criminaljustice.state.ny.us/ojis/recordreview.htm](http://www.criminaljustice.state.ny.us/ojis/recordreview.htm)

**North Carolina** [www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1](http://www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1)

**North Dakota** 701-328-5510 [www.ag.state.nd.us/bci/chr/chr.html](http://www.ag.state.nd.us/bci/chr/chr.html)

**Ohio** 740-845-2375 [www.webcheck.ag.state.oh.us](http://www.webcheck.ag.state.oh.us)

**Oklahoma** 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

**Oregon** [http://egov.oregon.gov/osp/ID/does/crim\\_history.pdf](http://egov.oregon.gov/osp/ID/does/crim_history.pdf)

**Pennsylvania** 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

**Rhode Island** 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

**South Carolina** 803-737-9000 [www.sled.state.sc.us/default.htm](http://www.sled.state.sc.us/default.htm)

**South Dakota** 605-773-3331 [dci.sd.gov/administration/id/cch.htm](http://dci.sd.gov/administration/id/cch.htm)

**Tennessee** 304-625-5590 [www.tbi.state.tn.us/divisions/isd\\_riu\\_faqs.htm](http://www.tbi.state.tn.us/divisions/isd_riu_faqs.htm)

**Texas** 512-424-2079 [http://records.txdps.state.tx.us/dps\\_web/APP\\_PORTAL/index.aspx](http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx)

**Utah** 801-965-4445 [bci.utah.gov/Records/RecOwnRecord.html](http://bci.utah.gov/Records/RecOwnRecord.html)

**Vermont** 802-244-8727 ext 5237 [www.dps.state.vt.us/cjs/recordcheck6.html](http://www.dps.state.vt.us/cjs/recordcheck6.html)

**Virginia** <http://www.vsp.state.va.us/cjis.htm>

**Washington** [watch.wsp.wa.gov/](http://watch.wsp.wa.gov/)

**West Virginia** Please contact our office for information.

**Wisconsin** 608-266-5764 [www.doj.state.wi.us/dles/cib/crimback.asp#Q9](http://www.doj.state.wi.us/dles/cib/crimback.asp#Q9)

**Wyoming** [attorneygeneral.state.wy.us/dci/chc.html](http://attorneygeneral.state.wy.us/dci/chc.html)

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:  
(Fill in the blanks)**

\_\_\_\_\_, Mailing address  
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

\_\_\_\_\_ Hereby declares intention(s)  
(Include Street, City, State and Zip)

to apply for a \_\_\_\_\_ license(s)  
(List **all license types** you are applying for. (Example) Retail Beer, Retail Liquor by the Drink, Retail Liquor by the Package, Restaurant Liquor by the Drink, Restaurant Wine by the Drink, Alcoholic Beverage Caterer's, Retailer's Liquor Drink Sampling, Retailer's Liquor Package Sampling, Alcoholic Beverage Limited Restaurant by the Drink, Alcoholic Beverage Golf by the Drink, and so on...)

(**Be sure** to refer to your ABC Schedule form for a complete list of all the license types you are making application for.)  
no later than \_\_\_\_\_, The business to be licensed will be  
(Enter the date you intend to make application to the State ABC)

located at \_\_\_\_\_ Kentucky \_\_\_\_\_.  
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as \_\_\_\_\_  
(List the name of your business (D.B.A.))

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

Kentucky Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

*Commonwealth of Kentucky*  
**Office of Alcoholic Beverage Control**  
**1003 Twilight Trail**  
**Frankfort, Kentucky 40601-8400**

(502) 564-4850 phone  
(502) 564-1442 fax

**GLUE OR  
TAPE  
CLIPPING  
HERE**

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an  
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of

\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by  
\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION FOR  
LICENSING.***

**LEASE AGREEMENT**

I, (We) \_\_\_\_\_,  
hereby agree to lease to \_\_\_\_\_,  
the premises located at \_\_\_\_\_,  
\_\_\_\_\_  
in \_\_\_\_\_ County, Kentucky.

The said lease shall be for a term of \_\_\_\_\_,  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The rent shall be payable at a rate of \_\_\_\_\_.

I understand and agree upon, that the premises herein named shall be used  
for lawful purposes only.

Lessor X \_\_\_\_\_

Lessor X \_\_\_\_\_

Lessee X \_\_\_\_\_

Lessee X \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, by the above Lessor and  
Lessee.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_.



**SELF-CERTIFICATION FOR COMPLIANCE WITH**

***KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.***

This form must be completed (signed and dated) by all persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

**Certification of Repayment of Educational Financial Assistance**

I, \_\_\_\_\_, am an applicant for a license related to alcohol or alcoholic beverages issued by the Kentucky Office of Alcoholic Beverage Control. I hereby certify that I am not in default of a repayment obligation, such as a student loan repayment, under any financial program administered by the Kentucky Higher Education Assistance Authority (KHEAA).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"***Applications may be returned if all questions are not answered completely.*

Leave Blank – For ABC Use Only

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A) 1.** Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all ABC Schedule(s) you have attached \_\_\_\_\_ Fee enclosed \$ \_\_\_\_\_

**(B) 2.** Tax numbers (must be issued in the applicant's name).

Ky. Sales &amp; Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C) 3.** List all types of licenses you are applying for \_\_\_\_\_**4.** What Month do you want your license(s) to become effective? \_\_\_\_\_**5.** Describe the type of business you will operate and list how you will sell alcoholic beverages. \_\_\_\_\_Check all that apply: ☐ Beer: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.  
☐ Wine ☐ Distilled Spirits: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.**6.** Are you the owner of the real estate where these premises are to be licensed? \_\_\_\_\_ ☐ Yes ☐ NoIf no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 7.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

***Please state in section D7 if this is a publicly held company.***

- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?.....☐Yes ☐No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation or Articles of Organization.  
If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?.....☐Yes ☐No
10. Are the premises to be licensed located within an incorporated city or town?.....☐Yes ☐No  
If yes, list the name of the city or town \_\_\_\_\_
11. Have you ever been licensed to sell alcoholic beverages?.....☐Yes ☐No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If in Kentucky, are you transferring this license to a new location?.....☐Yes ☐No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?.....☐Yes ☐No  
If yes, describe the interest(s) \_\_\_\_\_
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?.....☐Yes ☐No  
If yes, you must attach a statement giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.....☐Yes ☐No
15. Are the premises to be licensed and the entrance located on the street level?.....☐Yes ☐No  
If no, is the business a hotel, club or restaurant?.....☐Yes ☐No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?.....☐Yes ☐No  
b. Are the premises currently licensed?.....☐Yes ☐No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you?.....☐Yes ☐No  
e. Are you acquiring an interest in the existing business?.....☐Yes ☐No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment ☐ Ownership by purchase of shares  
☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the holder of a  
☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license number(s) is  
(are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted by law) to  
\_\_\_\_\_. I (we) understand that I (we) may not relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_ (print your name here) \_\_\_\_\_, do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Office of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**SCHEDULE "M"**  
**MANUFACTURER AND PRODUCER LICENSE**

Site I.D. #

(A). Applicant's name(s) or company to be licensed \_\_\_\_\_

D.B.A. (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

**(B).**

1. Are you applying for a **Microbrewery license**?..... ☐ Yes ☐ No  
If yes, KRS 243.157 limits your production to a maximum of 25,000 barrels per year.
2. Are you applying for a **Brewer license**?..... ☐ Yes ☐ No  
If yes, KRS 243.400 requires that a \$1,000 surety bond be provided per location.  
Is your surety bond attached? (See Bond Example)..... ☐ Yes ☐ No
3. Are you applying for a **Brew-on-premises license**? ..... ☐ Yes ☐ No  
If yes, 804 KAR 4:340 requires your premises to be located in a wet territory.
4. Are you applying for one of the following licenses? (Check ☒ the license that applies to you)  
☐ Distiller ☐ Rectifier ☐ Bottling House ☐ Vintner  
If yes, KRS 243.400 requires a \$1,000 surety bond be provided per location.  
Is your surety bond attached?..... ☐ Yes ☐ No
5. Are you a licensed Kentucky Distiller who is applying for a **Souvenir package liquor license**? ☐ Yes ☐ No  
If yes, under KRS 243.0305 will you have a gift shop or other retail outlet at your distillery? ☐ Yes ☐ No  
Are the premises located in wet territory? ..... ☐ Yes ☐ No
6. Are you applying for a **Distiller's sampling license**?..... ☐ Yes ☐ No  
If yes, under KRS 244.050 requires you to be a holder of an active Kentucky Distiller's License and Souvenir Package Liquor License.  
List your Kentucky Distiller's License Number. \_\_\_\_\_.  
List your Kentucky Souvenir Package Liquor License Number . \_\_\_\_\_.
7. Are you applying for a **Blender's license**?..... ☐ Yes ☐ No  
If yes, KRS 243.140 limits your production to less than 5,000 barrels annually.
8. Are you applying for a **Small farm winery license** under KRS 243.155? ..... ☐ Yes ☐ No
  - (a). If yes, how many gallons of wine do you produce annually?..... \_\_\_\_\_  
Attach copies of the report forms filed by the applicant pursuant to 27 C.F.R. 24.300(g),  
for the prior two years). If you are a new winery list the date you begin production. \_\_\_\_\_.
  - (b). Have you attached a copy of your Federal (TTB) Alcohol, Tobacco Tax and Trade Bureau  
license to this application?..... ☐ Yes ☐ No
  - (c). In what state will you operate your small farm winery? \_\_\_\_\_. If not in Ky.,  
attach a copy of your alcohol license from the state your winery is located.
9. Are you applying for a **Small farm winery off-premises retail outlet license**?..... ☐ Yes ☐ No  
If yes, will your premises be located in wet territory? ..... ☐ Yes ☐ No  
List the address of the small farm winery off-premises retail outlet to be licensed. \_\_\_\_\_  
\_\_\_\_\_.

(C). KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper. Please use the attached example to assist you with this requirement.

Place your advertisement once in the legal section of the newspaper having the largest circulation for the county where your premises will be located. KRS 424.120 and 424.130(1)(b) describes qualified newspapers. **(Small farm winery and small farm winery off-premises retail outlet applicants must advertise in the Kentucky newspaper of highest circulation. (KRS 244.155(1)).**

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

(D).

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my ABC Basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

***Do not complete this Section (E) if you are applying for a***

(E).

***Small farm winery license or Small farm winery off-premises retail outlet license.***

**OBTAIN SIGNATURE OF LOCAL ABC ADMINISTRATOR'S APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC.

Take or mail this application schedule, the ABC Basic application, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky.

**This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.**

***SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

☐ ***City of*** \_\_\_\_\_ ***Administrator (or) the*** ☐ ***County of*** \_\_\_\_\_ ***Administrator***

(F).

***You may now forward this application schedule, the ABC Basic application, all attachments, and your state license fee to:***

KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone 502-564-4850  
Fax 502-564-1442

# TYPES OF LICENSE & FEES

Site I.D. #

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s)

In the left column, then move right across the table. Licenses issued 6 months or more pay a full year fee. Licensees issued less than 6 months pay one-half year fee.

**Attach a certified check, cashier check, or a money order.**

**Make payable to: KENTUCKY STATE TREASURER**

***WE DO NOT ACCEPT CASH!***

<b><i>LICENSE TYPE</i></b>	<b><i><u>PREFIX</u></i></b>	<b><input checked="" type="checkbox"/></b>	<b><i>FULL YEAR FEE</i></b> Pay this amount	<b><i>HALF YEAR FEE</i></b> Pay this amount
BLENDER <input type="checkbox"/> KRS 243.140 BREWER <input type="checkbox"/> KRS 243.250 DISTILLER <input type="checkbox"/> KRS 243.120 KRS 243.130 KRS 243.400 RECTIFIER <input type="checkbox"/> KRS 243.120 KRS 243.130 KRS 243.400	BL MB DT RT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2,500.00	1,250.00
BOTTLING HOUSE <input type="checkbox"/> KRS 243.035, 243.400 & 804 KAR 4:040 SPECIAL VINTNER <input type="checkbox"/> KRS 243.157	BH VT	<input type="checkbox"/> <input type="checkbox"/>	1,000.00	500.00
BREW ON PREMISES <input type="checkbox"/> 804 KAR 4:340 MICROBREWERY <input type="checkbox"/> KRS 243.157 SOUVENIR LIQUOR PACKAGE FOR DISTILLERS <input type="checkbox"/> KRS 243.0305	BOP MIC SLP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	500.00	250.00
SMALL FARM WINERY <input type="checkbox"/> KRS 243.155 DISTILERS SAMPLING <input type="checkbox"/> KRS 244.050(2)	SFW DSL	<input type="checkbox"/> <input type="checkbox"/>	100.00	50.00
SMALL FARM WINERY OFF-PREMISES RETAIL OUTLET <input type="checkbox"/> KRS 243.155	SFWOP	<input type="checkbox"/>	25.00	12.50
<b>TOTALS</b>				

## CHECK LIST

Site ID #

1. Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and a *separate check* for your Kentucky Background checks? **No Cash!** ☐Yes ☐ No
2. Have the buyer and seller (if applicable) signed and had this application notarized? ☐Yes ☐ No
3. Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐Yes ☐ No
4. Have you signed your application(s) and had your signature notarized? ☐Yes ☐ No
5. Have you secured the signature of approval from your local ABC Administrator on this application? ☐Yes ☐No ☐N/A
6. Have you attached a certified copy of your newspaper advertisement for this license? ☐Yes ☐No ☐N/A
7. Have you attached articles of incorporation, partnership papers, or other organizational papers? ☐Yes ☐No ☐N/A
8. Have you attached a signed copy of your lease that does not expire before your license expires? ☐Yes ☐No ☐N/A
9. If applying for a Brewer, Distiller, Rectifier, Bottling House or Vintner License, Have you attached a copy of your surety bond? ☐Yes ☐No ☐N/A
10. If you are requesting approval for Brands of Distilled Spirits and or Wines have you completed and attached ABC Form 715? ☐Yes ☐No ☐N/A
11. If you are requesting approval for Brands of Malt Beverages (Beer) have you completed and attached ABC Form 714? ☐Yes ☐No ☐N/A
12. If you are applying for a Small farm winery license have you attached a copy of your Federal TTB license and proof of production? KRS 243.155 requires a Small farm wineries produce less than 50,000 gallons of wine annually. ☐Yes ☐No ☐N/A

### **FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC OFFICE**

You may now forward this application schedule, ABC Basic application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

(Bond)  
01/01/07

Site ID #

COMMONWEALTH OF KENTUCKY  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

**DISTILLED SPIRITS, WINE AND MALT BEVERAGE TAX BOND**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Having filed an application to engage in the business of trafficking in distilled spirits and wine in accordance with the Alcoholic Beverage Control Laws Acts of the 1983 General Assembly of Kentucky, as amended, now we, \_\_\_\_\_, Principal and \_\_\_\_\_ Surety, of (name of Surety) \_\_\_\_\_ hereby bind ourselves in the sum of \_\_\_\_\_ dollars, that the said Principal will pay to the Commonwealth of Kentucky, the amount of tax and penalties and interest for which the said Principal may become liable.

This bond shall not be binding on either Principal or Surety unless the license applied for and for which this bond is required to issue to the Principal upon proper authority of the Commonwealth of Kentucky, and shall be subject to cancellation upon sixty (60) days written notice by the Principal, Surety or proper authority of the Commonwealth of Kentucky.

This bond shall expire on \_\_\_\_\_.

Witness our hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_.

Signature of Surety \_\_\_\_\_ Date \_\_\_\_\_.

All applicants for a Brewer, Distiller, Rectifier, Blender, Vintner, Wholesaler or Non-Resident Licensee Permit must execute a bond and submit the application for a License. The amount of the bond to be determined by the Office of Alcoholic Beverage Control and the Kentucky Revenue Cabinet under (KRS 243.400 and KRS 243.410.)



***DISTILLED SPIRITS AND WINE BRAND REGISTRATION***

Commonwealth of Kentucky

**Office of Alcoholic Beverage Control**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
Phone (502) 564-4850  
Fax (502) 564-1442  
<http://abc.ky.gov>

***In compliance with KRS 244.440, we hereby register our brands listed herein, which will be distributed by the following named Kentucky Wholesalers:***

1. Supplier (Company Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_
2. Supplier Complete Address \_\_\_\_\_
3. Supplier's Federal Permit Number \_\_\_\_\_ (Contact Person) \_\_\_\_\_
4. Authorized Signature of Supplier \_\_\_\_\_ Date \_\_\_\_\_
5. Kentucky Wholesaler Name \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_
6. Wholesaler's Complete Address \_\_\_\_\_
7. Wholesaler's Federal Permit Number \_\_\_\_\_ (Contact Person) \_\_\_\_\_
8. Authorized Signature of Wholesaler \_\_\_\_\_ Date \_\_\_\_\_
9. Name of Brands (Please print clearly one Brand per line) (Include **all current** approved brands and **new brands** being added.)

<b><i>LIST ALL CURRENT &amp; NEW BRANDS</i></b>	<b><i>LIST ALL CURRENT &amp; NEW BRANDS</i></b>
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

***SUBMIT OR FAX ONE COPY TO (502) 564-1442.***

ABC will send the Kentucky Wholesaler this copy after its approval.  
Do not include Distilled Spirits and Wine Labels or BATF Label documentation.

**SUPERSEDES FILE NUMBER**

**EFFECTIVE DATE**

**THIS FILE NUMBER**

[illegible]

**MALT BEVERAGE BREWER BRAND APPROVAL AND  
DISTRIBUTOR TERRITORIAL DESIGNATION AGREEMENT IN KENTUCKY**

Commonwealth of Kentucky  
Office of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442  
hppt//:abc.ky.gov

*A SEPARATE FORM MUST BE MADE FOR EACH BRAND IF HANDLED IN MORE THAN ONE TERRITORY BY  
DIFFERENT BEER DISTRIBUTORS.*

*THIS FORM MAY BE REPRODUCED IF NECESSARY.*

*SUBMIT TO THE KENTUCKY ABC DEPARTMENT YOUR REQUEST FOR APPROVAL NO LATER THAN 20 DAYS  
PRIOR TO THE INTRODUCTION OF A NEW BRAND IN KENTUCKY OR ANY CHANGES IN CURRENT AGREEMENTS.*

1. **BREWER NAME** \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_

2. **SUPPLIER INFORMATION:** check one (1). Are you the ☐ importer or the ☐ master distributor for this brand(s)?

COMPANY NAME \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_  
  
LICENSE NUMBER \_\_\_\_\_.

3. **KENTUCKY BEER DISTRIBUTOR'S NAME** \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_  
  
LICENSE NUMBER \_\_\_\_\_.

**CONTINUED ON PAGE (2) TWO**

**MALT BEVERAGE BREWER BRAND APPROVAL AND  
DISTRIBUTOR TERRITORIAL DESIGNATION  
AGREEMENT IN KENTUCKY**

PAGE TWO OF TWO

4. **BRAND INFORMATION:** List the brand(s) of malt beverages to be distributed by the Kentucky Distributor listed in # 3 of this form.

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Are these brands of malt beverages currently assigned, or have been recently assigned, to any other Kentucky Beer Distributor for the same territory? ..... ☐ Yes ☐ No

If yes, you **MUST** obtain the signature of the Kentucky Beer Distributor this agreement will replace in #6 of this form.

5. **TERRITORY INFORMATION:** Describe the assigned territory:

6. **SIGNATURES:**

**Signature of Brewer:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Importer or  
Master Supplier (if applicable):** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Kentucky Beer Distributor:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Distributor being replaced  
By this agreement (if applicable):** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_ **Kentucky ABC License #** \_\_\_\_\_